

|               |             |       |                |                     |
|---------------|-------------|-------|----------------|---------------------|
| SERIAL NUMBER | FILING DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
| 09/056,220    | 04/07/98    | 378   | 2876           | 16218-5             |

APPLICANT

DALE A MILES, CARMEL, IN.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A CIP OF 08/799,437 02/13/97 PAT 5,781,610  
 WHICH IS A DIV OF 08/574,768 12/19/95 PAT 5,631,943

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

FOREIGN FILING LICENSE GRANTED 05/13/98

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

|   |  |                        |                      |                    |                         |
|---|--|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>IN | SHEETS DRAWING<br>13 | TOTAL CLAIMS<br>41 | INDEPENDENT CLAIMS<br>9 |
| Verified and Acknowledged                                   |  | Examiner's Initials    | Initials             |                    |                         |

ADDRESS  
 CLIFFORD W BROWNING  
 WOODARD EMHARDT NAUGHTON  
 MORIARTY & MCNETT BANK ONE CTR./TOWER  
 111 MONUMENT CIRCLE SUITE 3700  
 INDIANAPOLIS IN 46204

TITLE

PORTABLE X-RAY DEVICE

|                                    |   |   |
|------------------------------------|---|---|
| FILING FEE RECEIVED<br><br>\$1,002 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|------------------------------------|---|---|

|               |             |       |                |                 |
|---------------|-------------|-------|----------------|-----------------|
| SERIAL NUMBER | FILING DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET |
| 09/056,220    | 04/07/98    | 378   | 2876           | 16218-5         |

APPLICANT

DALE A MILES, CARMEL, IN.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A CIP OF 08/799,437 02/13/97 PAT 5,781,610  
WHICH IS A DIV OF 08/574,768 12/19/95 PAT 5,631,943  
PROVISIONAL APPLICATION NO. 60/004,988 10/10/95

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/13/98 \*\* SMALL ENTITY \*\*

|   |   |                     |                   |                 |
|---|---|---------------------|-------------------|-----------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY | SHEETS<br>DRAWING | TOTAL<br>CLAIMS |
| Verified and Acknowledged                                   | Examiner's Initials _____ Initials _____  | IN                  | 13                | 41              |

ADDRESS

CLIFFORD W BROWNING  
WOODARD EMHARDT NAUGHTON  
MORIARTY & MCNETT BANK ONE CTR./TOWER  
111 MONUMENT CIRCLE SUITE 3700  
INDIANAPOLIS IN 46204

PORTABLE X-RAY DEVICE

TITLE

|                        |   |   |
|------------------------|---|---|
| FILING FEE<br>RECEIVED | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing<br><input type="checkbox"/> 1.17 Fees (Proc<br><input type="checkbox"/> 1.18 Fees (Issu.<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
| \$1,002                |   |   |